

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

..... Rejected	N	Non-elected
..... Allowed	I	Interference
(Through numeral)... Canceled	A	Appeal
..... Restricted	O	Objected

Final	Claim	Original	Date
	1	MAR	
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Claim	Date
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Claim		Date
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If more than 150 claims or 10 actions
staple additional sheet here

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